

15866 U.S. PTO
022404

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: February 24, 2004
File No. 1324.69743

22141 U.S. PTO
10/785652
022404

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Katsunori Misaki and Shiro Hirota

For: SUBSTRATE FOR DISPLAY, METHOD OF
MANUFACTURING THE SAME AND
DISPLAY HAVING THE SAME

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

2/24/04
Date

David A. ...
Express Mail Label No.: EV032703561US

Enclosed are:

- (X) 55 pages of specification, including 16 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 18 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Fujitsu Display Technologies Corporation and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>4</u>	-	<u>3</u>	=	<u>1</u>	x \$ 86.00 = \$ <u>86.00</u>
c) Total Claims	<u>16</u>	-	<u>20</u>	=	<u>0</u>	x \$ 18.00 = \$ <u>0</u>
d) Fee for Multiple Dependent Claims						\$ 290.00 = \$ <u> </u>
					Total Filing Fee	\$ <u>856.00</u>

- () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
- (X) A check in the amount of \$ 856.00 to cover the filing fee is enclosed.
- () Charge \$ to Deposit Account No. 07-2069.
- () Other
- () The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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